



RURAL HEALTH ADVISORY COMMISSION

P.O. BOX 95026 • LINCOLN, NE 68509-5026 • PHONE (402) 471-2337 • FAX (402) 471-0180

MEETING NOTICE & AGENDA

RURAL HEALTH ADVISORY COMMISSION (RHAC)

November 19th, 2021

1:30 p.m. – 4:00 p.m.

**Holthus Convention Center
3130 Holen Avenue
York, Nebraska**

Virtual Attendance Option available via Zoom

<https://us06web.zoom.us/j/88640903634?pwd=MIBUWEEdxa0k1eDBRN1dmV1pTTFN6QT09>

1. Call Meeting to Order; Open Meetings Act & Agenda Posted; Adopt Agenda; Approve Minutes of August 13, 2021 Meeting; Introductions
2. Administrative Items
 - Commission Member Update
 - Nominate and Vote for Chair and Vice-Chair
 - Set Meeting Dates for 2022
3. Behavioral Health Update
 - Behavioral Health Strategic Plan - Sheri Dawson
4. Rural Health Systems and Professional Incentive Act Programs
 - Discuss Guidance for Telehealth Work
 - Shortage Area Request
 - RHAC's 2021 Annual Report and Distribution
 - Budget Update
5. CLOSED SESSION
 - Accounts Receivable Update
 - Review Loan Repayment Applications
6. OPEN SESSION
 - Motion(s) on Closed Session Discussion
7. Review Current Federal & State Legislative Activities Impacting Rural Health
8. Public Comment
9. Adjourn

NOTE: All items known at time of distribution are listed; a current agenda is available at the Nebraska Office of Rural Health during regular business hours (8:00 a.m. – 5:00 p.m. CST, Monday through Friday, except holidays). If auxiliary aids or reasonable accommodations are needed for attending the meeting, please call 402-471-2337. Persons with hearing impairments may call DHHS at 402-471-9570 (voice & TDD) or the Nebraska Relay System at 711 or 800-833-7352 (TDD). Advance notice is needed when requesting an interpreter.



RURAL HEALTH ADVISORY COMMISSION

NEBRASKA OFFICE OF RURAL HEALTH
P.O. BOX 95026 • LINCOLN, NE 68509-5026 • PHONE (402) 471-2337 • FAX (402) 471-0180

DRAFT MINUTES of the

Rural Health Advisory Commission

Friday, August 13, 2021

1:30 p.m. – 4:00 p.m.

**Nebraska State Office Building
Conference Room Lower Level B**

Members Present: Marty Fattig; Rebecca Schroeder, Ph.D.; Mike Sitorius, M.D.; Roger Wells, PA-C; Michael Greene, M.D.; Cherlyn Hunt

Members Not Present: Ben Iske, D.D.S.; Lynette Kramer, M.D.; Jessye Goertz; April Dexter, N.P.; Sheri Dawson, Ph.D., Gary Anthone, M.D.

Vacant Position: Family Practice Resident Representative

Staff Present: Tom Rauner; Deb Stoltenberg; Teresa Hampton, DHHS Legal Services

1. Call Meeting to Order; Open Meetings Act and Agenda Posted/Available for Download; Adopt Agenda; Approve Minutes from April 16, 2021 Meeting

Chairman Marty Fattig called the meeting to order at 1:36 p.m. with the following members present: Marty Fattig; Rebecca Schroeder, Ph.D.; Mike Sitorius, M.D.; Roger Wells, PA-C; Michael Greene, M.D.; Cherlyn Hunt.

Chairman Fattig announced that the meeting notice had been posted to the DHHS website (<http://dhhs.ne.gov/Pages/Rural-Health-Advisory-Commission.aspx>) and sent out via email or USPS on July 30, 2021 to: NE Rural Hospital CEOs, NE Certified Rural Health Clinic Directors, NE Local Public Health Departments, NE Community Action Partners, NE Community Health Centers/FQHCs, NE Professional Associations/Organizations, NE State Senators, the Offices of the Governor and Lt. Governor, and other rural interested groups and parties. The Open Meetings Act was posted outside the room and agenda was available for view.

Roger Wells moved to approve the August 13, 2021 meeting agenda and Dr. Mike Greene seconded the motion. Motion carried. YES: Fattig, Greene, Hunt, Schroeder, Sitorius, Wells. NO: None. ABSTAIN: None. EXCUSED: Anthone, Dawson, Dexter, Goertz, Iske, Kramer.

Dr. Mike Sitorius moved to approve the April 16, 2021 meeting minutes and Dr. Mike Greene seconded the motion. Motion carried. Motion carried. YES: Fattig, Greene, Hunt, Schroeder, Sitorius, Wells. NO: None. ABSTAIN: None. EXCUSED: Anthone, Dawson, Dexter, Goertz, Iske, Kramer.

2. Administrative Items

Current Members Update

As discussed at the previous meeting, six positions will be up for appointment and/or reappointment in September: Michael Greene, Cherlyn Hunt, Rebecca Schroeder, Michael Sitorius, and Roger Wells; will need to reapply if they wish to continue serving.

Mike Sitorius stated that this was his last meeting as he is retiring. He has provided a suggested replacement to UNMC administration. The position of Family Practice Resident Representative is now open for applicants as well.

Other Announcements

Next meeting to be held November 19, 2021 at Holthus Center – strategic planning in AM followed by Commission meeting in the afternoon.

3. Behavioral Health Update

Tom Rauner shared that Sheri Dawson was not able to attend at the last minute and suggested that RHAC review the Behavioral Health Section (pgs. 9-10) and identify 1 or 2 specific activities/strategies and the top 3 recommendations to address this year. It was mentioned that the RHAC could address this during the November strategic planning meeting.

4. Rural Health Systems and Professional Incentive Act Program Updates

Discuss Possible Guidelines for Telehealth Work

The Commission has previously discussed the possibility of adding Telehealth work as an allowed type of work under the state loan repayment program. After discussion of the state health emergency ending, it was suggested that the ORH staff could develop guidelines to be reviewed at the next meeting. It was suggested that the provider should probably still be located in a rural or shortage area, and serving those residents.

Inquiries about Additional Qualifying Specialties

Requests by Nurse Anesthetists, Geriatrics/Neurology, and Speech Language Pathologists were received. They inquired about the process to add these specialties to State Loan Repayment. Per Legal this would require an amendment to state statute. At this time no action was taken by the RHAC as a statutory change would need to occur.

Budget

Tom Rauner reported that the increased funding for State Loan Repayment has already tripled the amount of awards the Office of Rural Health (ORH) has planned for the year (20 last year, ~60 so far this year). About \$660,000 in general funds remain for the fiscal year that began 7/1/21; but due to cash spending authority not being increased with the legislation, ORH is only authorized to spend an additional \$460,000 this year. Cash spending authority must match the amount of federal and state funding in order to allow for local match funds, which are deposited as cash and require cash spending authority to use. ORH staff have been in communication with finance and this issue will be fixed for next year.

Current applications total \$176,654 for FY21-22. If all applications are approved in closed session, and once the issue with cash spending authority is accounted for, \$280,000 would remain for FY21-22.

Funding for the federal SLRP program was cut slightly due to a default, but additional funding will likely be available when the next NOA is released this fall (for awards beginning Fiscal Year 22-23). Potentially, these funds could be used for “no match” awards, for which guidelines would need to be developed. In order to make the best use of funds, it would be optimal to add a staff member to ORH and split the management of the Federal SLRP program and State Loan Repayment Program, since both programs have the potential to more than double in size. ORH has contacted an internal process improvement team to see what can be done in the meantime to streamline processes; particularly application processing and payments.

5. Closed Session

Rebecca Schroeder moved to go to closed session at 2:19 p.m. Dr. Mike Sitorius seconded the motion. Motion carried. YES: Fattig, Greene, Hunt, Schroeder, Sitorius, Wells. NO: None. ABSTAIN: None. EXCUSED: Anthone, Dawson, Dexter, Goertz, Iske, Kramer.

Marty Fattig announced that the Commission would go into Closed Session at 2:19 p.m. to review loan repayment applications and updates on current recipients.

6. Open Session

Roger Wells moved to go into Open Session at 2:25 p.m. and Rebecca Schroeder seconded the motion. Motion carried. YES: Fattig, Greene, Hunt, Schroeder, Sitorius, Wells. NO: None. ABSTAIN: None. EXCUSED: Anthone, Dawson, Dexter, Goertz, Iske, Kramer.

Dr. Mike Sitorius moved to approve the loan repayment applications with estimated loan repayment start dates and loan repayment amounts as indicated or as determined by Office of Rural Health staff, based on issuance of license and/or loan documentation, practice time in the shortage area, and the availability of funds for the state match (refer to list on next

page) and Dr. Mike Greene seconded the motion. Motion carried. YES: Fattig, Greene, Hunt, Schroeder, Sitorius, Wells. NO: None. ABSTAIN: None. EXCUSED: Anthone, Dawson, Dexter, Goertz, Iske, Kramer.

WL	Status	Date Complete App Received	License	Name	Actual Practice Date	Expect/Eligible Start Date	Specialty	County (Community) of Practice	ER Hours/Alternate schedule?	Loan Balance	Total Loan Repayment (State and Local)
WL	SLRP or State Program	4/12/2021	113052	Hoferer, Twila	9/28/2020	9/1/2021	NP (FP)	Madison (Norfolk)	NA	\$162,033.95	\$90,000.00
WL	Application - State	5/3/2021	2587	Brinkman, Chelsea	4/5/2021	9/1/2021	PA (FP)	Thurston (Pender)	Full time ER	\$146,365.92	\$90,000.00
WL	Application - State	5/3/2021	pending	Knutson, Megan	6/1/2021	9/1/2021	NP (FP)	Jefferson (Fairbury)	32	\$60,695.08	\$60,695.08
WL	Application - State	5/17/2021	pending	Evans, Kenisha	10/25/2021	11/1/2021	MD (Gen Int)	Lincoln (North Platte)	20	\$421,699.00	\$180,000.00
WL	Application - State	6/2/2021 13:37	provisional	Shifflet, Wendy	6/2/2021	9/1/2021	LMHP	Furnas (Holbrook)	1	\$84,129.98	\$84,129.98
WL	Application - State	6/3/2021 15:17	pending	Thompson, Stephanie	11/1/2021	11/1/2021	LMHP	Lincoln (North Platte)	NA	\$95,497.09	\$90,000.00
WL	Application - State	6/9/2021 19:57	113465	Afuh, Kirisha	7/6/2021	9/1/2021	NP (FP)	Jefferson (Fairbury)	NA	\$146,127.09	\$90,000.00
WL	Application - State	6/10/2021 10:30	7396	Kersenbrock, John	10/15/2018	9/1/2021	DDS (General)	Holt (O'Neill)	NA	\$302,913.02	\$120,000.00
WL	Application - State	6/16/2021 10:42	pending - emailed 7/14/21	Anderson, Meggie	7/1/2021	9/1/2021	(General Surge)	Antelope (Neligh)	NA	\$74,800.00	\$60,000.00
WL	Application - State	6/21/2021 15:03	6894	Holloway, Lesley	6/21/2021	9/1/2021	DDS (General)	Cedar (Laurel)	4	\$251,819.43	\$180,000.00
WL	Application - State	6/23/2021 9:44	2206	Schaeffer, Jillian	7/2/2018	9/1/2021	OT	Lincoln (North Platte)	NA	\$91,786.10	\$90,000.00
WL	Application - State	6/23/2021 11:20	2147	Williams, Jamie	6/3/2019	9/1/2021	OT	Lincoln (North Platte)	NA	\$17,883.54	\$17,883.54
WL	SLRP or State Program	6/28/2021 8:20	2558	Krings, Brooke	5/10/2021	9/1/2021	PA (FP)	Howard County Medical Center (site-specific)	NA	\$101,278.26	\$90,000.00
WL	Application - State	6/30/2021 16:48	113676	Polen, Whitney	6/1/2021	9/1/2021	NP (FP)	Hamilton (Aurora)	NA	\$50,977.00	\$50,977.00
WL	SLRP or State Program	7/6/2021 10:50	112981	Sherman, Tyler	10/5/2020	9/1/2021	NP (FP)	Webster (Red Cloud)	8	\$32,223.73	\$32,223.72
WL	Application - State	7/14/2021 10:03	113044	Ellis, Mary	3/4/2020	9/1/2021	NP (Psychiatry)	Dodge (Fremont)	NA	\$300,330.00	\$60,000.00
WL	SLRP or State Program	7/16/2021 9:58	13340	Logsdon, Michael	9/13/2017	9/1/2021	PharmD	Thayer (Hebron)	NA	\$13,887.32	\$13,887.32
WL	Application - State	7/20/2021 11:50	113681	Williams, Keegan	7/14/2021	9/1/2021	NP (FP)	Jefferson (Fairbury)	16	\$16,767.86	\$16,767.86
WL	Application - State	7/22/2021 15:48	33340	Siel, Hannah	8/1/2022	8/1/2022	MD (FP)	Richardson (Falls City)	NA	\$122,388.00	\$122,388.00
WL	SLRP or State Program	7/26/2021 14:20	110719	Frahm, Teresa	2/1/2022	2/1/2022	NP (Psychiatry)	Nuckolls (Superior)	NA	\$20,500.00	\$20,500.00
WL	Application - State	7/28/2021 11:04	33251	Saltzgeber, Grant	7/15/2022	8/1/2022	MD (FP)	Johnson (Tecumseh)	NA	\$176,628.97	\$176,628.96
WL	SLRP or State Program	7/29/2021 11:33	2378	Bain, Randy	7/1/2021	9/1/2021	DO (FP)	Otoe (Syracuse)	NA	\$177,626.00	\$177,626.00
WL	SLRP or State Program	8/2/2021 14:45	28606	Faust, Rachel	6/30/2017	9/1/2021	MD (Psychiatry)	Adams (Hastings)	NA	\$253,812.91	\$120,000.00

7. Review Current Federal & State Legislative Activities Impacting Rural Health

Roger Wells and Marty Fattig reported on these activities. An influx of federal money related to COVID relief was discussed. Senator Stinner will be visiting with entities across the state to assess how best to use these funds. Behavioral Health could be an important area of focus. The desire is to use these funds to provide necessary services to Nebraskans.

8. Other Business

It was mentioned that Charity Menefee has been hired by DHHS as Director of Operations.

9. Adjourn

Roger Wells moved to adjourn at 2:55 p.m., and with no second necessary, the meeting was adjourned.

Telehealth Policy

The Rural Health Advisory Commission (RHAC) notes that rural residents experience unique transportation challenges that can severely limit their access to health services and that Telehealth offers a means of reducing some barriers to access.

For the purposes of participation in Nebraska State Incentive programs (Loan Repayment and Student Loan Forgiveness), Telehealth will be counted as part of the work requirement for providers as long as all other requirements of the applicable incentive program are met. No more than half of any provider's time should be coded as Telehealth.

Wolfe, Rachael

From: Mitchell Knudsen <drknudsen@familyfirstdental.com>
Sent: Thursday, September 30, 2021 1:19 PM
To: Wolfe, Rachael
Subject: Dentistry Shortage Area Designation Re-Assessment for Wayne County

Follow Up Flag: Follow up
Due By: Monday, October 4, 2021 9:30 AM
Flag Status: Flagged

Hi Rachael,

I spoke with you briefly this morning about having Wayne County re-evaluated for shortage county designation for the Nebraska Loan Repayment Program for General Dentistry. Thank you for your help through the phone call, and I just wanted to provide the reasoning for asking this as you requested.

Wayne County currently has 4 practicing dentists who all practice in the City of Wayne. The reason why I am asking for a re-assessment is one of the dentists in our county, Dr. Richard DeNaeyer, has gone down to 3 days a week practicing and is nearing retirement. I confirmed this with Dr. DeNaeyer, which would make him 0.6 FTE. The other 3 general dentists in Wayne County (who I believe are all 1 FTE) includes myself, Dr. Craig Braun, and Dr. Robert Burrows , giving Wayne County 3.6 FTE's in General Dentistry. Dr. Burrows and Dr. DeNaeyer are both 55 or older, so per the guidelines with half or more of the dentists in the county being 55 or older, the population-to-dentist ratio for designation is 2500/1 – 2999/1. US Census Bureau information from 2020 shows the Wayne County population to be 9,697. This would put our population-to-dentist ratio at 2,693/1 and qualify as a shortage county.

I know you said the board meets again in November, so please let me know if there is anything further you would need from me to have it reviewed. Also, how does the application process work in a situation like this? If it were to change to a shortage county, would I have to wait until after that is done by the board to apply, and then wait until they meet again to have the loan repayment application reviewed? Or how would that process work? Thank you for your assistance on this, I really appreciate it.

Thanks!
Dr Mitchell Knudsen, DDS
Family 1st Dental of Wayne

Nebraska Rural Health Advisory Commission's

Annual Report

As provided through the
Nebraska Rural Health Systems and
Professional Incentive Act

December 2021

**Nebraska Rural Health Advisory Commission
December 2021**

Name / Location

Appointment Designation

Commission Chairperson:

Marty L. Fattig, C.E.O.
Auburn, NE

Rural Hospital Administrator

Commission Vice-Chairperson:

Rebecca A. Schroeder, Ph.D.
Curtis, NE

Rural Mental Health Practitioner

Sheri Dawson, R.N., Director
NE DHHS - Division of Behavioral Health
Lincoln, NE

NE DHHS Representative
Department of Health & Human Services

April J. Dexter, N.P.
Atkinson, NE

Rural Nurse

Jessye Goertz
Brock, NE

Rural Consumer

Michael A.C. Greene, M.D.
Department of Family Medicine – Creighton University
Omaha, NE

Medical School Representative

Cherlyn Hunt
Holdrege, NE

Rural Nursing Home Administrator

Benjamin R. Iske, D.D.S.
Bridgeport, NE

Rural Dentist

Lynette Kramer, M.D.
Albion, NE

Rural Physician

Gary J. Anthone, M.D., C.M.O.
Lincoln, NE

Director
Division of Public Health
Department of Health & Human Services

Vacant

Medical School Representative

Vacant

Family Practice Resident

Roger D. Wells, PA-C
Bertrand, NE

Rural Physician Assistant

**Nebraska Rural Health Advisory Commission's Annual Report
Of the Nebraska Rural Health Systems and Professional Incentive Act**

December 2021

EXECUTIVE SUMMARY & IMPACT

- As of November 2021, there are 103 rural incentive program recipients practicing under obligation in Nebraska.
- In small town and rural areas, approximately 40% of family medicine providers have participated in incentive programs. **Economic analysis based on years worked shows a significant economic benefit associated with these healthcare providers. This benefit far outweighs the financial investment in the incentive programs.**¹ See chart on page 16 for an illustration of the overall economic impact. The map on page 17 shows economic impacts divided by legislative district.
- According to studies on the economic impact of rural health care, “One primary care physician in a rural community creates 23 jobs annually. On average, 14 percent of total employment in rural communities is attributed to the health sector.”²
- The rural health incentive programs currently impact over 900,000 people³ living in Nebraska in underserved areas by providing them access to health care professionals.
- The Rural Health Systems and Professional Incentive Act, passed in 1991, created the Rural Health Advisory Commission, the Nebraska Rural Health Student Loan Program and the Nebraska Loan Repayment Program.
- The Nebraska Loan Repayment Program assists rural communities in recruiting and retaining primary care health professionals by offering state matching funds for repayment of health professionals’ government or commercial educational debt. This program has a 92 percent success rate.
- The Nebraska Rural Health Student Loan Program has provided forgivable student loans to Nebraska medical, dental, physician assistant, and graduate-level mental health students who agreed to practice an approved specialty in a state-designated shortage area.
- The thirteen (13) members of the Rural Health Advisory Commission are appointed by the Governor and confirmed by the Legislature. The Commission’s statutory duties include, but are not limited to, establishing state-designated shortage areas, awarding rural student loans and loan repayment to eligible health professionals, and preparing recommendations to the appropriate bodies to alleviate problems in the delivery of health care in rural Nebraska.

¹ Pedley, Andrew J. “Analyzing the Impact of Incentive Programs on Retention of Family Practice Providers in Rural Nebraska,” University of Nebraska-Lincoln, [http://dhhs.ne.gov/publichealth/RuralHealth/Documents/Analyzing the Impact of Incentive Programs on Retention.pdf](http://dhhs.ne.gov/publichealth/RuralHealth/Documents/Analyzing%20the%20Impact%20of%20Incentive%20Programs%20on%20Retention.pdf), July 2018.

² Doeksen, G.A., St. Clair, C. F., and Eilrich, F.C. “Economic Impact of Rural Health Care.” National Center for Rural Health Works, www.ruralhealthworks.org, September 2012.

³ Based on county and underserved populations.

History

The Rural Health Systems and Professional Incentive Act (the Act) was passed in 1991 creating the Rural Health Advisory Commission, the Nebraska Rural Health Student Loan Program, and the Nebraska Loan Repayment Program. In 2015, the Legislature added the Medical Resident Loan Repayment Program; however, funding has not been appropriated for this program.

Rural Health Advisory Commission

The Rural Health Advisory Commission is a governor-appointed commission consisting of thirteen members as follows: (1) the Director of Public Health of the Division of Public Health or their designee and another representative of the Nebraska Department of Health and Human Services; and (2) eleven members appointed by the Governor with the advice and consent of the Legislature. These eleven members include one representative of each medical school located in the state involved in training family physicians, one physician in family practice residency training, one rural physician, one rural consumer representative, one rural hospital administrator, one rural nursing home administrator, one rural nurse, one rural physician assistant, one rural mental health practitioner or psychologist licensed under the requirements of section 38-3114 or the equivalent thereof, and one rural dentist. *(NE Revised Statutes Section 71-5654)*

The purpose of the Commission is to advise the Nebraska Department of Health and Human Services – Division of Public Health, the Legislature, the Governor, the University of Nebraska, and the citizens of Nebraska regarding all aspects of rural health care and to advise the Nebraska Office of Rural Health regarding the administration of the Rural Health Systems and Professional Incentive Act. *(NE Revised Statutes Section 71-5655)*

Nebraska Loan Repayment Program

The Nebraska Legislature appropriated funding for the Nebraska Loan Repayment Program for health professionals willing to practice in a state-designated shortage area. Physicians, nurse practitioners, physician assistants, clinical psychologists, masters-level mental health providers, pharmacists, occupational therapists, physical therapists, and dentists are eligible for loan repayment.

The Nebraska Loan Repayment Program requires community participation in the form of a local match and a 3-year practice obligation for the health professional. Communities must do their own recruiting, using the availability of the loan repayment program as a recruitment and retention tool. Once a health professional is recruited a local entity and the health professional must submit a loan repayment application to the Rural Health Advisory Commission. Communities may also use loan repayment to retain a health professional if the area is a state-designated shortage area.

Legislation passed in 2015 increasing the maximum loan repayment award to \$30,000 per year for doctorate-level and \$15,000 per year for mid-level and allied health care professionals. In 2018, the Rural Health Advisory Commission began awarding applicants at the new maximum.

As of summer 2018, health professionals were able to submit applications through the Office of Rural Health website. With an electronic system to track and compile applications, data collection has been streamlined.

In summer 2021, the State Legislature increased annual funding to the Loan Repayment program by \$1.5 million. This allowed all providers on an existing waiting list to be funded, and annual awards for FY21-22 were more than tripled.

Nebraska Rural Health Student Loan Program

The Nebraska Rural Health Student Loan Program awards forgivable student loans to Nebraska medical, dental, physician assistant, and graduate-level mental health students who agree to practice an approved specialty in a state-designated shortage area.

Student loan recipients receive a forgivable educational loan while they are in training in exchange for an agreement to practice in a state-designated shortage area the equivalent of full-time for one year for each year a loan is received. The number and amount of student loans are determined annually by the Rural Health Advisory Commission based on state funding.

Legislation was passed in 2015 increasing the maximum student loan awards to up to \$30,000 and \$15,000 per year. The Rural Health Advisory Commission continued awarding student loans in the amount of \$20,000 for doctorate-level students and \$10,000 for full-time master-level students. Starting in 2017, the Rural Health Advisory Commission has not awarded any new student loans due to the increased availability of other loan programs, as well as the number of applicants for the loan repayment programs.

State-Designated Shortage Areas

The Rural Health Advisory Commission has the responsibility to designate shortage areas for purposes of the Nebraska rural incentive programs for the professions and specialties defined in the Act. Every 3 years a statewide review of all the shortage areas is completed by the office of Rural Health. If changes occur in an area during the years between the statewide reviews, the community may request a shortage area designation from the Commission. Any data or information submitted for review is verified by the Nebraska Office of Rural Health and University of Nebraska Medical Center – Health Professions Tracking Services. If the area meets the guidelines for state designation, the Commission may designate it. The Rural Health Advisory Commission approved new medical, mental health, dental, pharmacist, physical therapist and occupational therapist shortage areas in April, 2019.

Criteria for the federal and state shortage area designations differ and are used for different federal and state programs. Nebraska Office of Rural Health staff assist with the data requirements and benefits of the various shortage area designations and incentive programs. Guidelines for the state-designated shortage areas and the current federal and state shortage areas are posted on the Nebraska Office of Rural Health webpage.

While the Nebraska rural incentive programs primarily focus on rural shortage areas, specific federally designated sites (Tribal and Community Health Centers) do qualify for family medicine and general dentistry, even if not located in a state shortage area.

Effective September 1, 2014, the Department of Health and Human Services, Office of Rural Health was awarded a 4-year grant of \$300,000 per year for the National Health Service Corps State Loan Repayment Program (NHSC SLRP). This program has the same criteria as the NHSC Loan Repayment Program except a match from the community is required and health professionals can practice in any

federal HPSA without regard to the HPSA score. In September 2018, the Office of Rural Health began receiving \$450,000 per year through the NHSC SLRP grant. The Nebraska Office of Rural Health is using the NHSC SLRP to complement the Nebraska Loan Repayment Program. For additional information about the NHSC SLRP, contact the Nebraska Office of Rural Health.

The Nebraska Office of Rural Health works to maximize state funds for areas not eligible for the benefits under the federal incentive programs due to practice site or practice specialty eligibility. Health professionals who are practicing in a federal Health Professional Shortage Area (HPSA), and are eligible, are encouraged to apply first for the National Health Service Corps (NHSC) Loan Repayment Program or are recommended for the NHSC State Loan Repayment Program (NHSC SLRP) before participating in the Nebraska Loan Repayment Program. Depending on the availability of federal funds, the NHSC will often times award loan repayment to health professionals based on the HPSA score. The availability and funding for federal loan repayment has an impact on where state loan repayment resources are focused. The demand on state loan repayment programs are increased when federal loan repayment programs are less available. When higher HPSA scores are needed to qualify, there is a greater demand for the Nebraska Loan Repayment Program because HPSA scores in Nebraska tend to be lower when compared to other areas nationally.

Analysis of the Rural Incentive Programs

Chart 1 on page 9 shows graphically the number of rural incentive recipients by program receiving payments each fiscal year. Several factors influence the number of incentive recipients each year. These factors include the amount of state funds available, the amount of each individual incentive award, and the educational level of the recipients. Based on the current loan repayment recipients' applications, the mean and median student loan debt for a doctorate-level health care professional are \$238,115 and \$221,581 respectively. The demand for the loan repayment program remains high and total student loan debt is continuing to rise each year. The Rural Health Advisory Commission has not yet obligated all of the funds for the current fiscal year (FY2021-22). The program receives applications year round, and if all funding for a fiscal year is allocated, applicants are added to a waiting list.

Chart 2 on page 10 shows the state appropriation for each fiscal year. Comparing Charts 1 and 2 demonstrates the relationship between funding and the number of incentives awarded by the Rural Health Advisory Commission. General funds are set by the legislature, and cash funds (from defaults, interest, and prior infusions when additional funds were made available) have been used for the state's portion of some loan repayment awards. These cash funds were expected to run out before FY 23-24, but additional general funds provided by the legislature in FY21-22 have allowed the state to discontinue the use of cash funds for the state's portion at this time.

Chart 3 on page 11 shows cash spending authority. Cash spending authority must cover matching funds for both the state and federal loan repayment programs, as well as any cash funds used for the state's portion of loan repayment awards. Total cash spending authority was increased when the Federal National Health Service Corps State Loan Repayment Program (NHSC SLRP) grant application was approved, and again when that award was increased. It will need to be increased again slightly in order to account for the generous increase to state general funds that occurred in Summer 2021.

Chart 4 on page 12 shows the dollar amount of state rural incentive awards by program by fiscal year. Loan repayment awards are made at each Rural Health Advisory Commission meeting as applications are received and state funds are available. Loan repayment requires a 50-50 local-state match and cash

spending authority to spend the local match. The amounts shown for awards on this graph include only state funds.

Chart 5 focuses solely on the loan repayment program, and shows the total funding for awards by fiscal year, including both state and local funds. As mentioned previously, loan repayment requires a 50-50 state-local match. The State Match for loan repayment is broken down by funding source; general funds and cash funds. The Legislature has granted cash spending authority to use cash funds deposited into the Rural Health Incentive Cash Fund. The Nebraska Loan Repayment Program requires a 3-year practice obligation, so when the Rural Health Advisory Commission awards loan repayment, the obligation of funds is projected over that 3-year period. Loan repayment awards made in FY2021-22 will impact the rural incentive program budget in FY2021-22, FY2022-23, FY2023-24, and possibly FY2024-25; hence the future budget obligations shown on Chart 5.

Charts 6 and 7 on pages 14 and 15 show the number of recipients by profession by fiscal year for the Nebraska Loan Repayment Program and Nebraska Rural Health Student Loan Program; respectively. Starting in FY 2019-20, no new or continuation awards were given for the Nebraska Rural Health Student Loan Program.

Chart 8, on page 16, and the map on page 17 show the financial impact of the state incentive program recipients for Fiscal Years 2018-2019 through 2020-2021, estimated to be \$INSERT AMOUNT. This amount far exceeds the funds provided to participants during the same time period \$INSERT AMOUNT (just over INSERT AMOUNT dollars, including all state and local funds). Financial impact was determined using information from the National Center for Rural Health Works research on financial impacts and the months worked as documented by the Health Professions Tracking Service database. A breakout for each of the disciplines' financial impacts is also listed on the map; only behavioral health providers were not included, as financial impact research is not yet available for these practitioners.

The map on page 18 shows The Nebraska Student Loan and Nebraska Loan Repayment program currently obligated health care providers and the counties they served as of November 1, 2021.

The map on page 19 shows the practice location of all rural incentive recipients who have completed the program or are currently under obligation. All three maps are based on data from the University of Nebraska Medical Center Health Professions Tracking Services.

Table A on page 20 shows the number of student loan awards issued each year from 2012 through 2021 (as of November 2021). Beginning in 2017, the Rural Health Advisory Commission did not award any new student loans and only awarded continuation loans due to the number of loan repayment applicants on the waiting list. This practice was continued in 2018, with 2 continuation awards. No awards were made from 2019-on. There are currently 7 obligated students in training, and 5 practicing.

Table B on page 21 provides a summary of the Nebraska Loan Repayment Program from 1994 through 2021 (as of November 2021). Since 1994, 689 health professionals have participated or are participating in the Nebraska Loan Repayment Program. Ninety-two percent (92%) of loan repayment recipients have completed their practice obligation or are currently serving their practice obligation. Approximately eight percent (8%) of loan repayment applicants have defaulted on their practice obligation. As of November 2021, there are 98 loan repayment recipients in practice under obligation in rural or underserved areas of Nebraska.

Summary

As a result of both rural incentive programs, as of December 2021, there are 103 licensed health professionals in practice under obligation providing access to health care services for over 900,000 people living in Nebraska. These two rural incentive programs (student loans and loan repayment) are the only state-funded programs of this type to encourage health professionals to practice in state-designated shortage areas. The only limitation to these programs is the level of the state appropriation. The programs have been an imperative part of recruitment and retention of healthcare providers to the rural communities.

The following are comments received by the commission regarding the programs:

"Loan repayment programs allow physicians to pursue a practice based on location rather than potential future earnings. The Nebraska loan repayment program made rural practice a sound financial decision for me. "

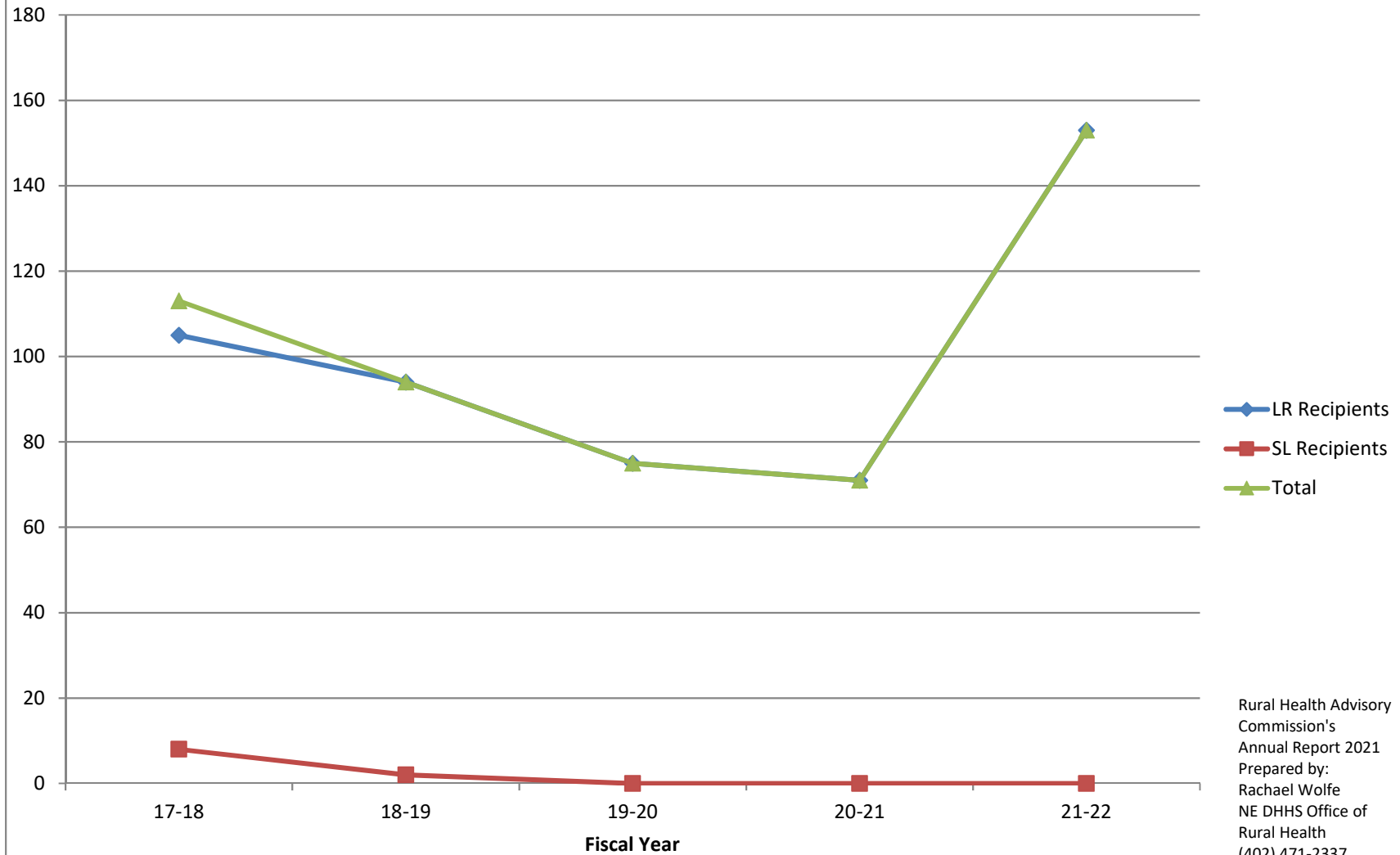
"Central Nebraska Medical Clinic is located in the center of Nebraska and is a rural area in every way. Broken Bow is the largest town in our county with a population of 3500. Our physicians and mid-level providers serve all of Custer County and surrounding areas, including Loup County, Blaine County and parts of Valley County. We have 2 outreach clinics in Sargent and Arcadia which would be difficult to staff without the help of our PAs and NP....The loan repayment incentive has been instrumental in recruiting these mid-level providers. We have also had physicians in the past that have been participants and we are looking forward to offering the program in our future recruiting needs as well"

"I am a family medicine doctor in Alliance, Nebraska. The Loan Repayment program has been very helpful to me as it opened up more possibilities when looking for jobs. It also helps to recruit other providers into small town Nebraska."

"This program has helped Sidney Regional Medical Center recruit and retain physicians and physician assistants, just as I am sure it has done all across Nebraska. This program is vital to grow and maintain health care services throughout the rural parts of our state. The ability for people to receive health care, as close to home as possible, is key to the health and wellness of our state."

"I recently completed my third year of the state repayment program and I just wanted to say thank you so much....I am so thankful that it was available and I feel fortunate to be a recipient of that assistance. Growing up in Lawrence and now being able to practice in York is something that is very special to me."

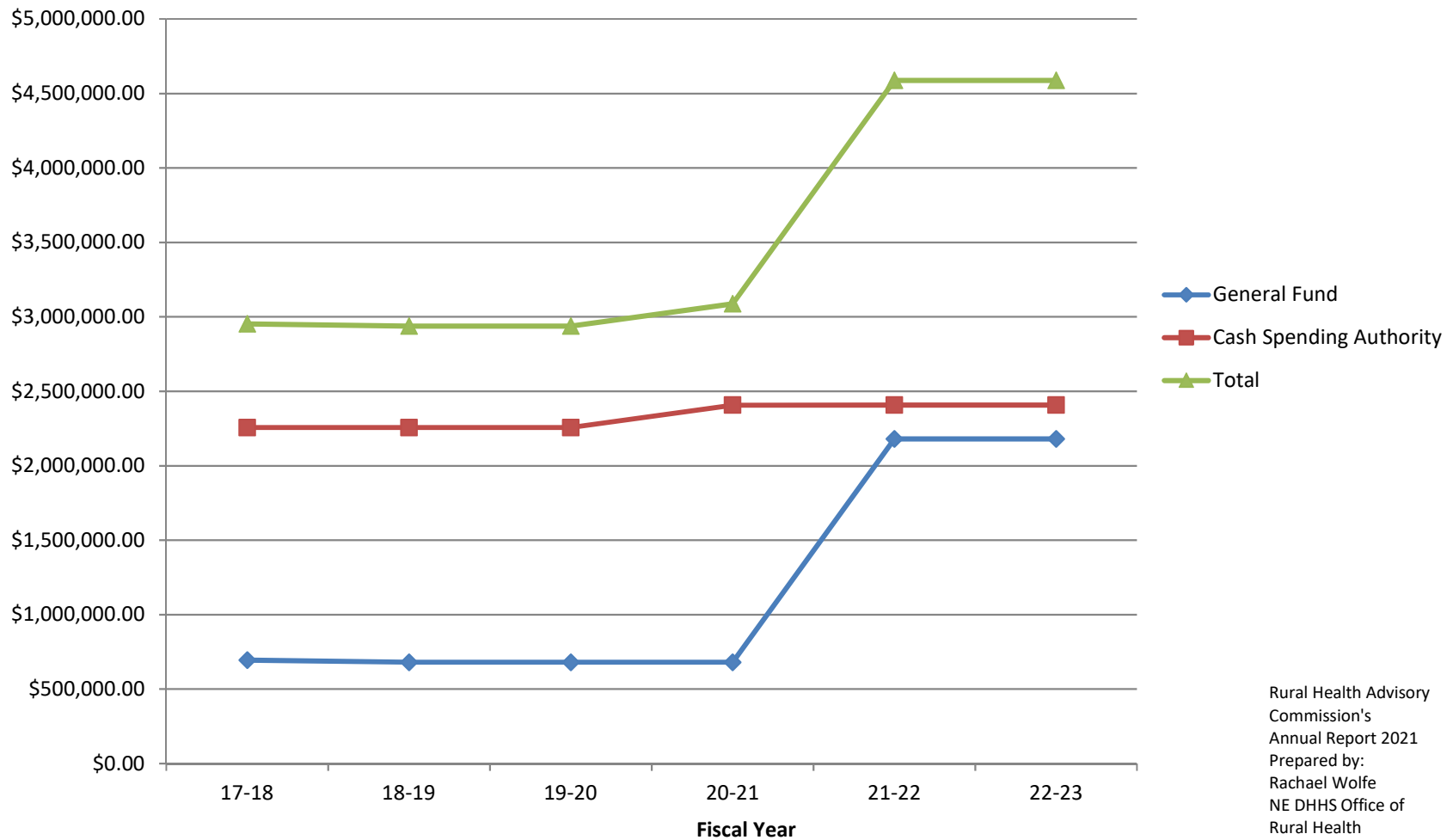
CHART 1
Nebraska Rural Incentive Programs
Number of Recipients Receiving Payments by Program by Fiscal Year



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Rachael Wolfe
NE DHHS Office of
Rural Health
(402) 471-2337

Chart 2

Nebraska Rural Incentive Programs State Budget By Fiscal Year



Note: General Funds were reduced in Fiscal Years 2016-17, 2017-18, and 2018-19, then increased in FY2021-22

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NE DHHS Office of
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Chart 3
Nebraska Rural Incentive Programs
Cash Spending Authority

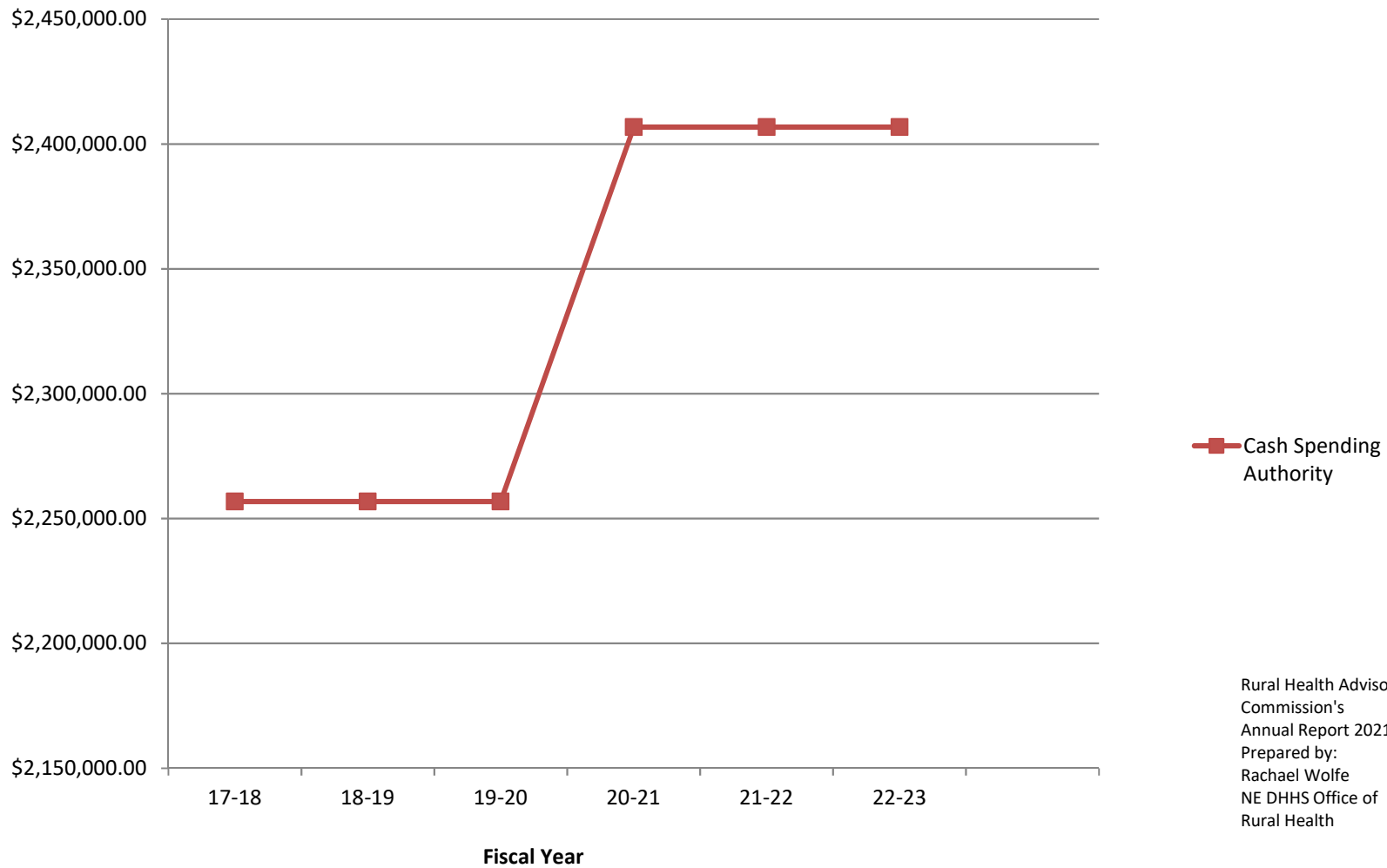
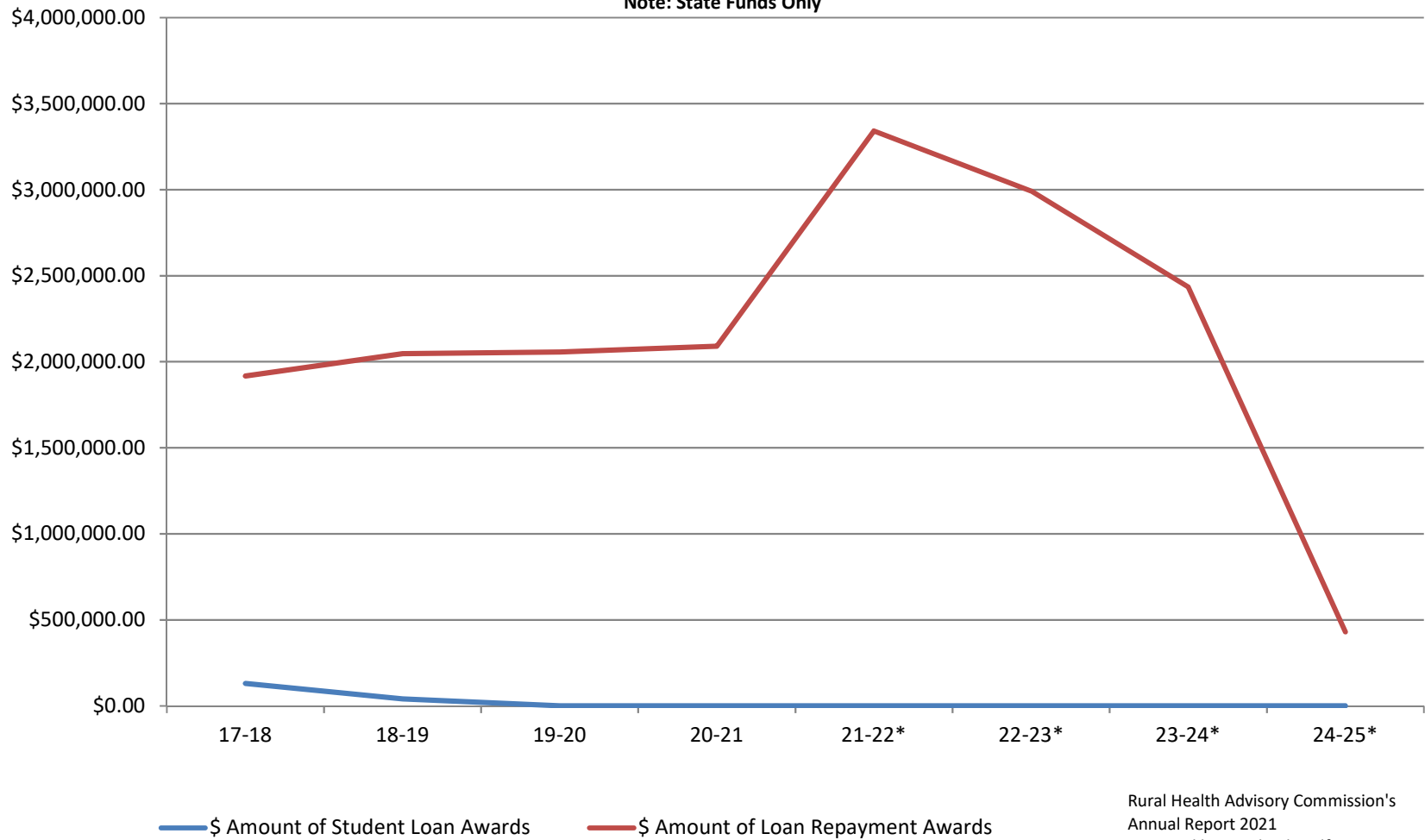


CHART 4
Nebraska State-Funded Rural Incentive Programs
\$ Amount of Rural Incentive Awards by Program by Fiscal Year
 Note: State Funds Only

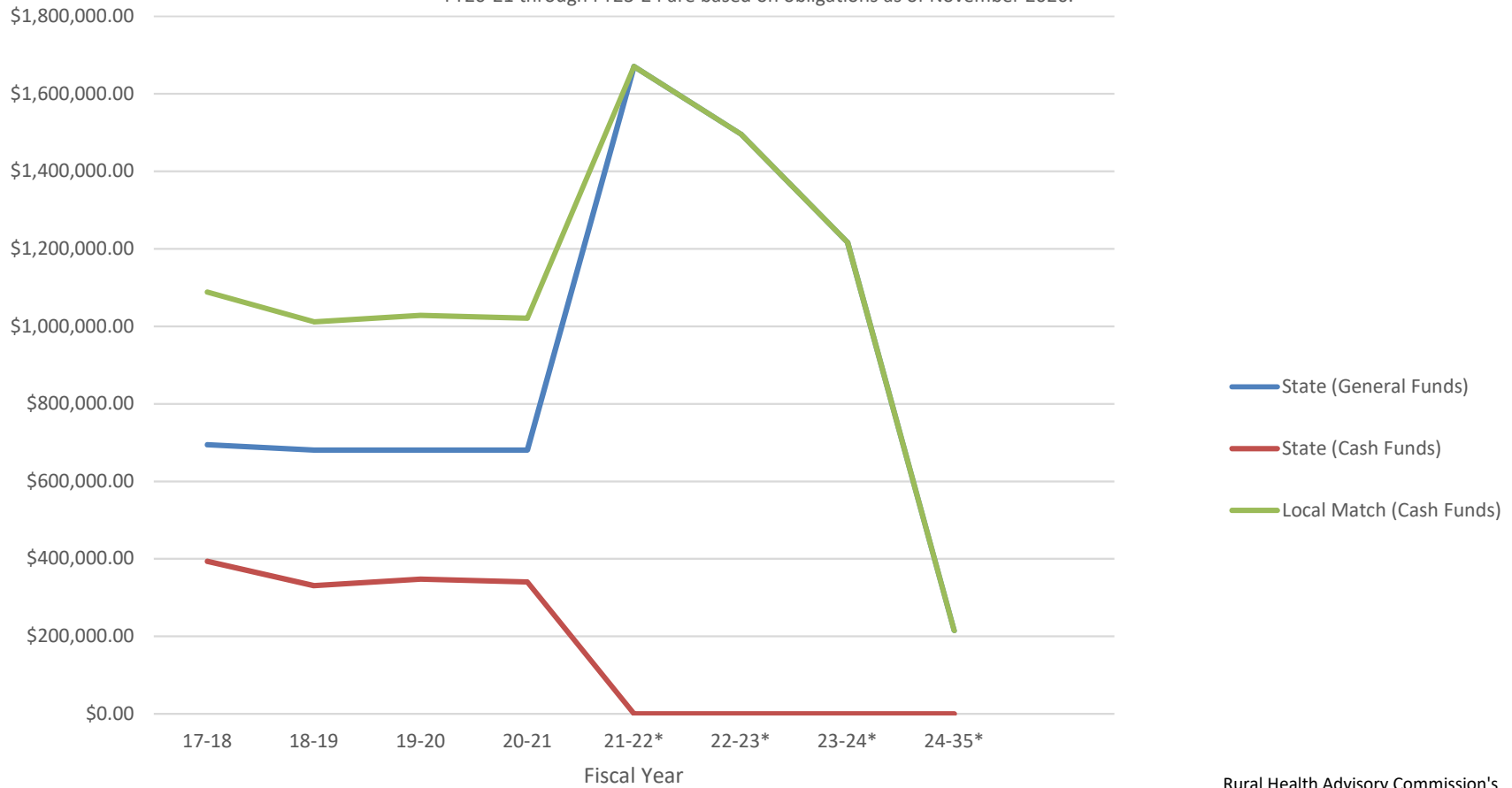


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 NE DHHS Office of Rural Health
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**All funds have not yet been awarded for FY21-22. Amounts for FY22-23 through FY24-25 will increase as applications are received and funds are obligated.*

CHART 5
Nebraska Loan Repayment Program
\$ Amount of Awards by Contribution Source by Fiscal Year

Note: Loan Repayment requires a 3-year practice obligation.
 FY20-21 through FY23-24 are based on obligations as of November 2020.



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**All funds have not yet been awarded for FY21-22. Amounts for FY22-23 through FY24-25 will increase as applications are received and funds are obligated.*

CHART 6
Nebraska Loan Repayment Program
Recipients Paid in Fiscal Year by Profession

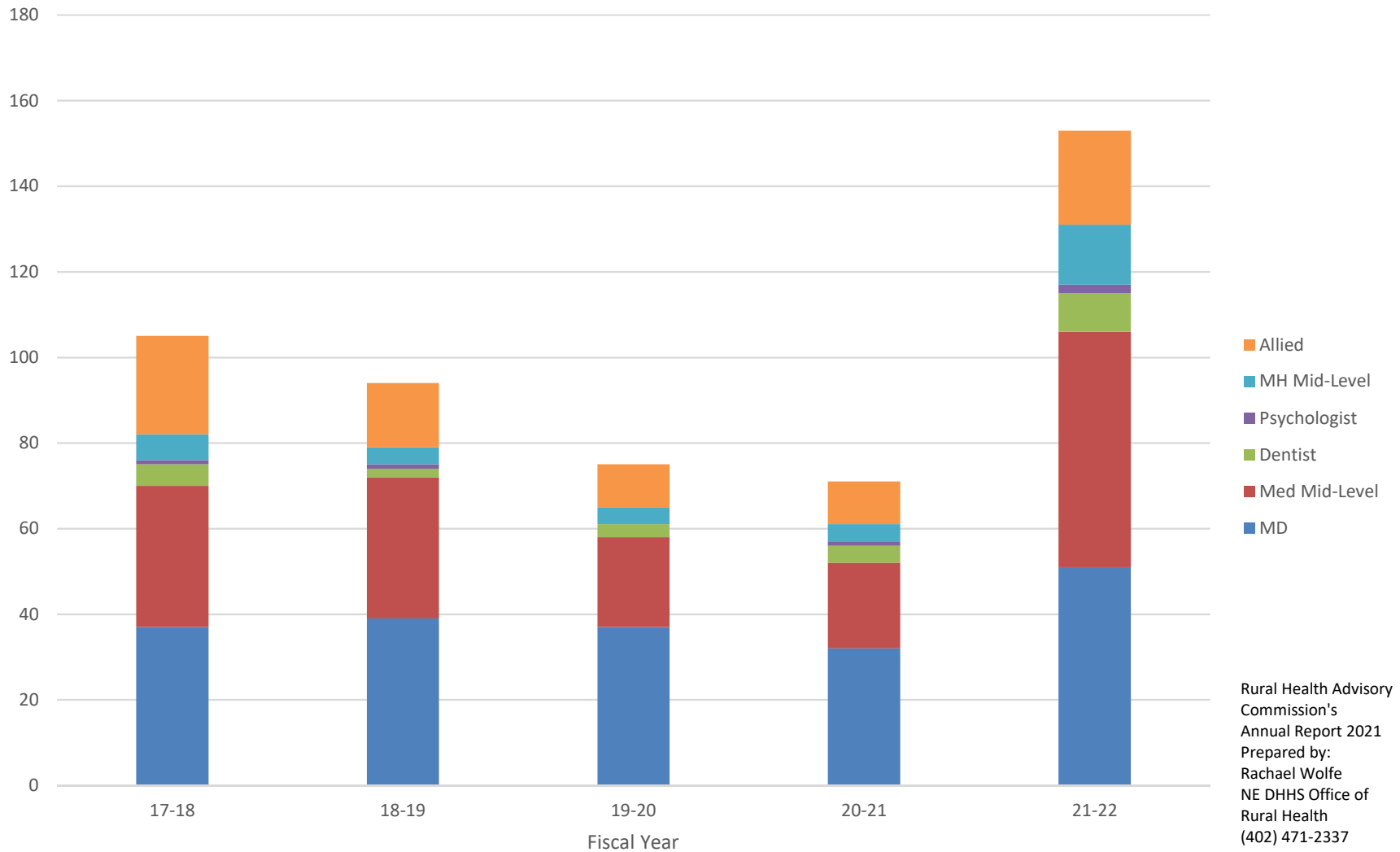
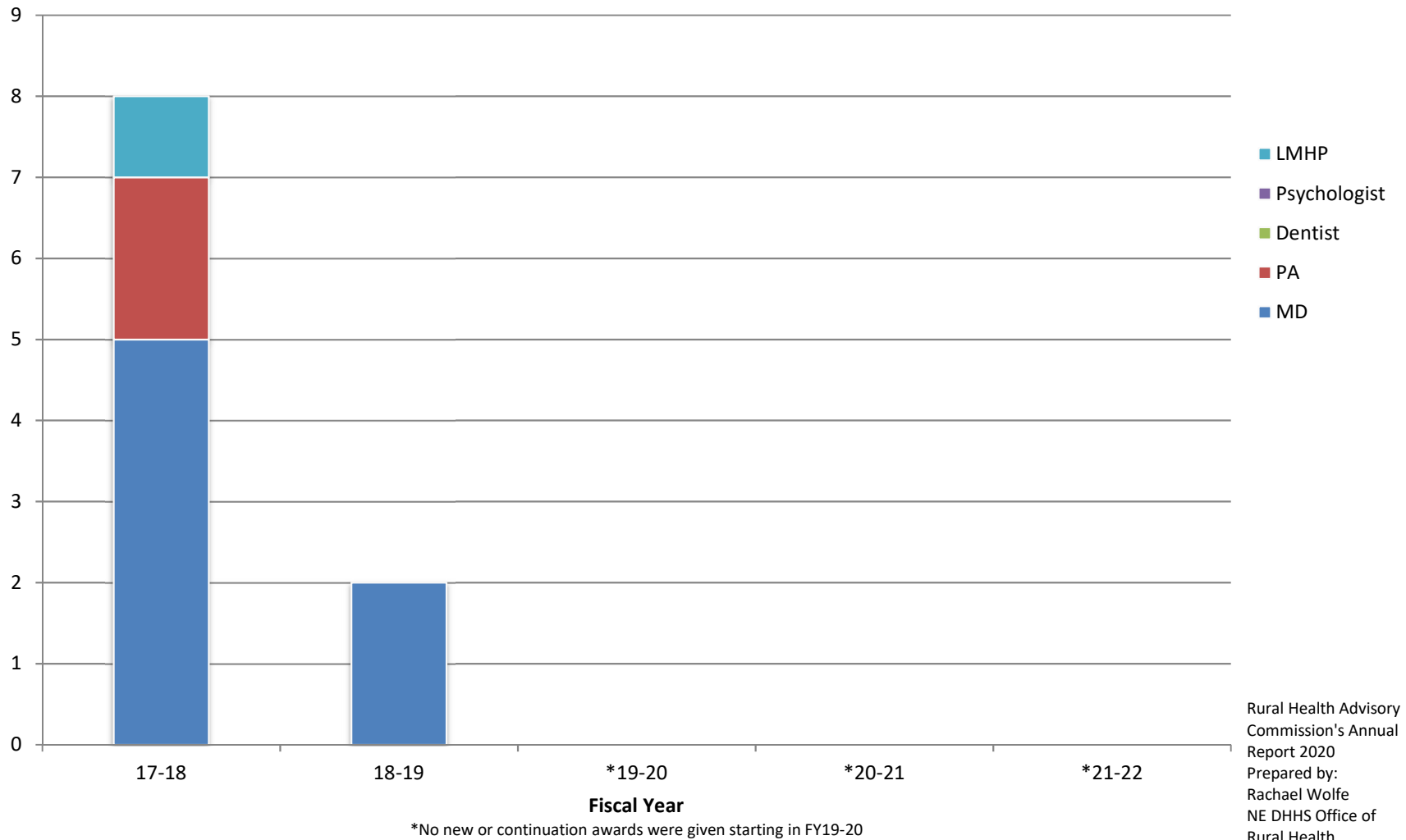


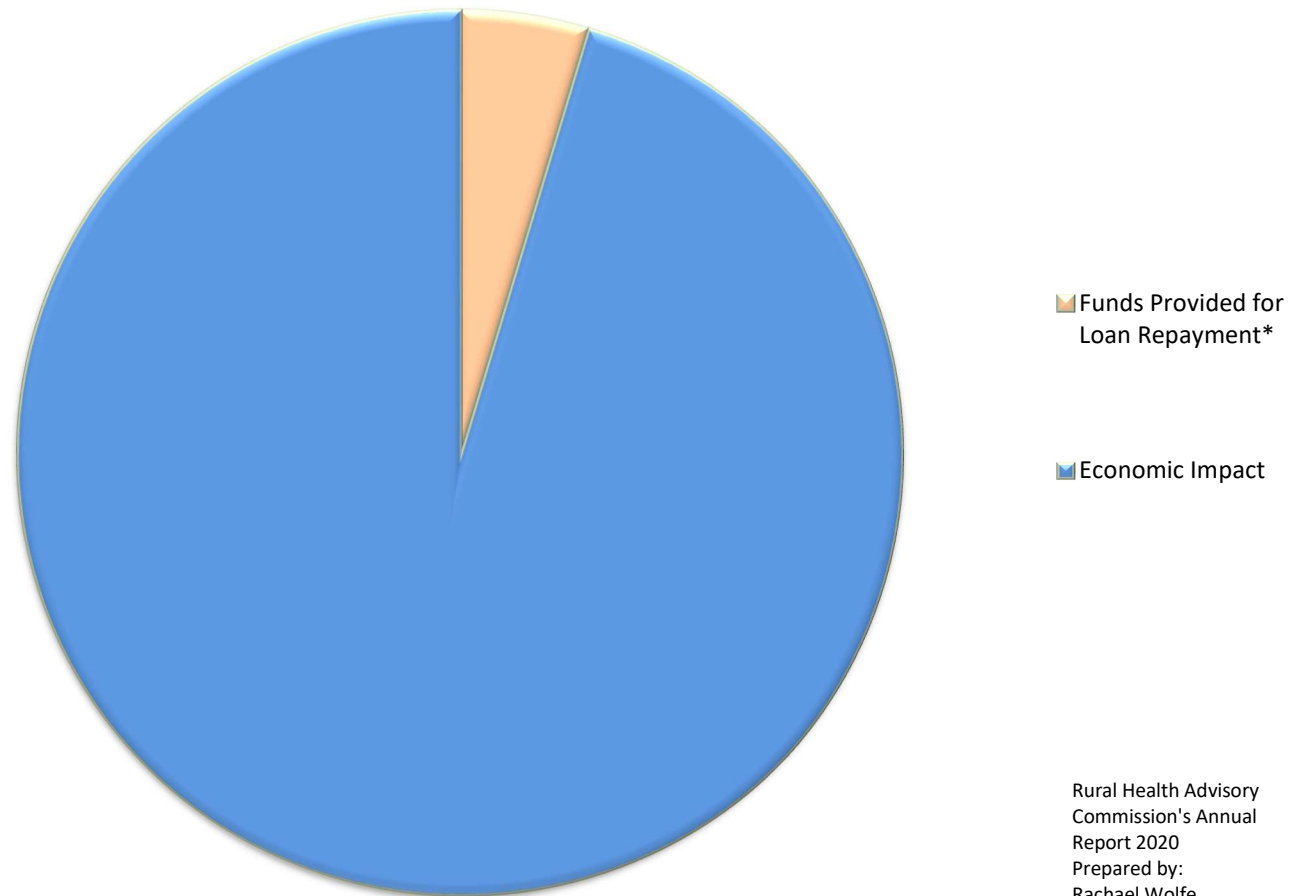
CHART 7
Nebraska Student Loan Program
Recipients Paid in Fiscal Year by Profession



THIS CHART NEEDS TO BE UPDATED

leaving last year's chart for reference

Chart 8
Return on Investment for Fiscal Years 2017-18, 2018-19, & 2019-20



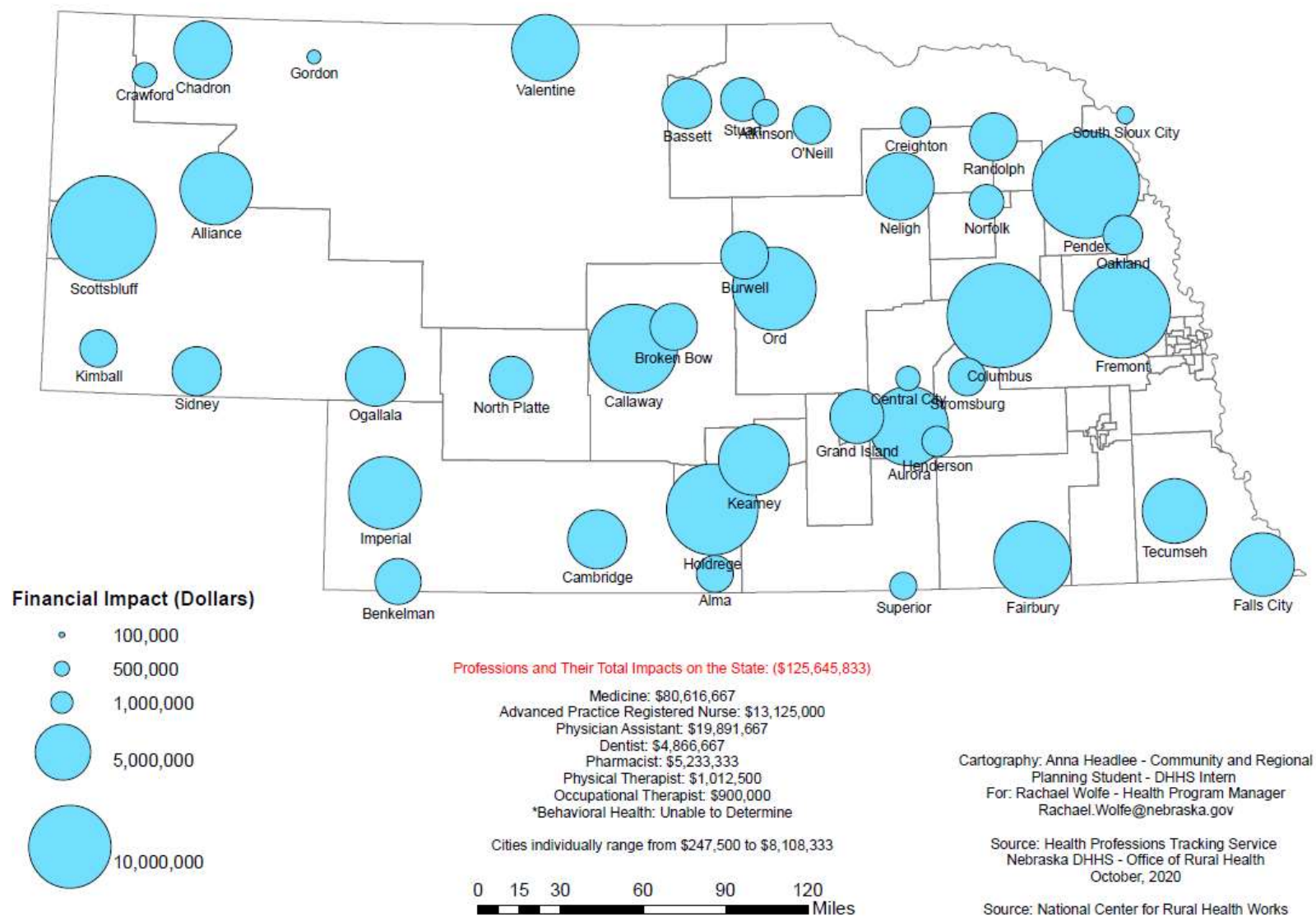
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*Loan Repayment Funding includes all State and Local Match funds

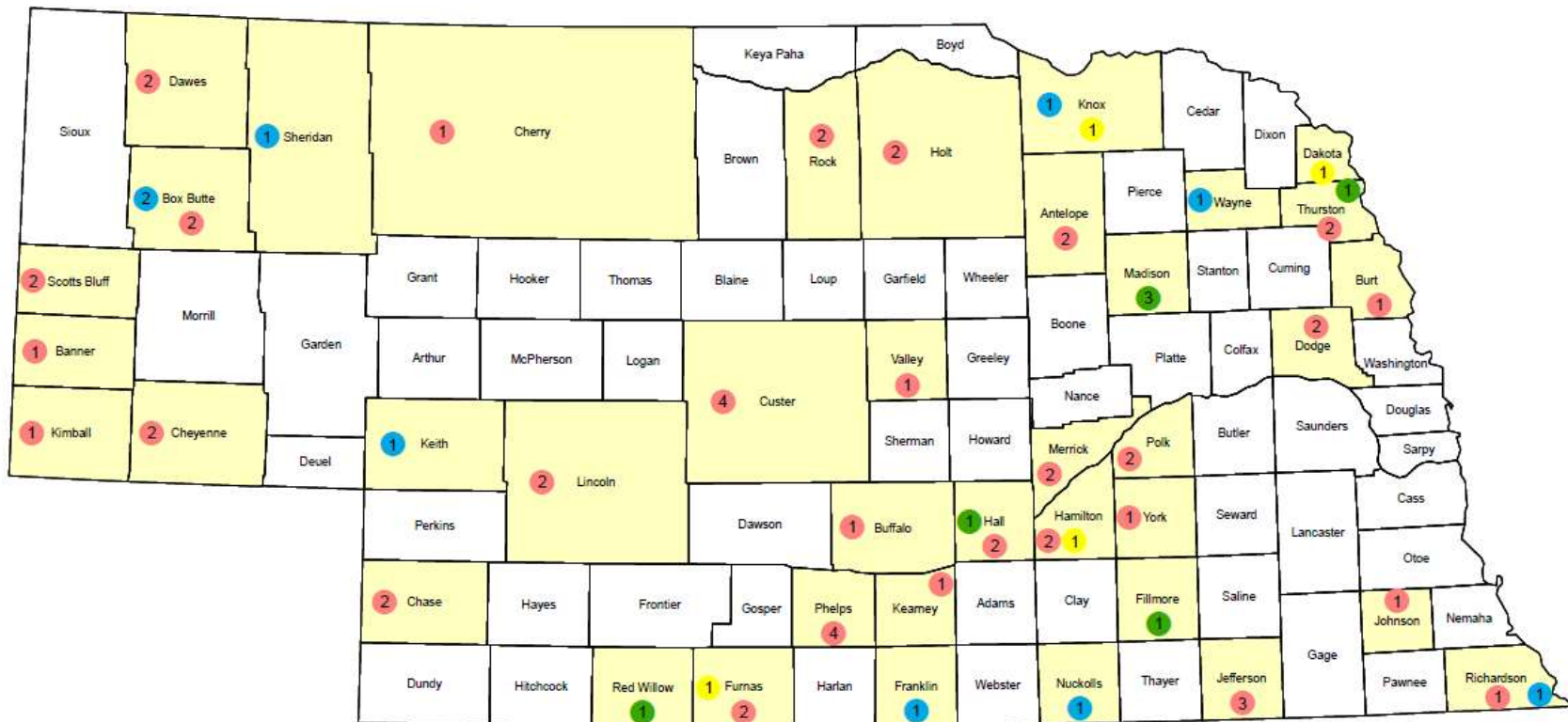
INSERT NEW MAPS
(all three need to be updated)
leaving last year's maps for reference

DRAFT

Fiscal Years 2017-2020 Financial Impact of Nebraska Loan Repayment Program and Nebraska Student Loan Program Participants



Currently Serving Nebraska Loan Repayment Program and Nebraska Student Loan Repayment Program Providers by Profession and County (73 Total)



- 53 Physician, Advanced Practice Registered Nurse, Physician Assistant
- 7 Psychiatrist, Psychologist, Licensed Mental Health Practitioner
- 4 Dentist
- 9 Occupational Therapy, Physical Therapy, Pharmacy

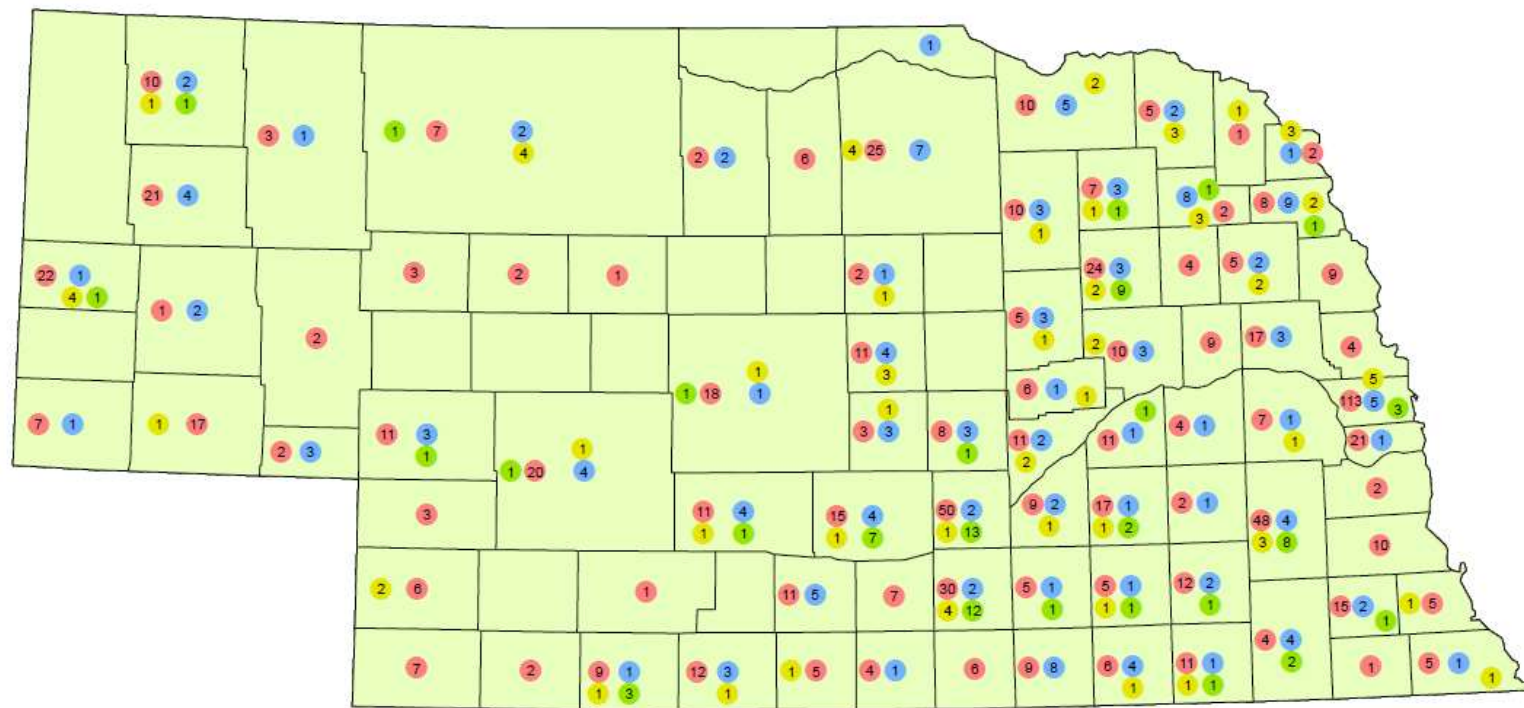
Numbers in circles on map refer to the count per county, whereas the numbers in the legend refer to the total count of the profession



Cartography: Anna Headlee | Community and Regional Planning Student | DHHS Intern
For: Rachael Wolfe | Health Program Manager
Rachael.Wolfe@nebraska.gov

Source: Health Professions Tracking Service
Nebraska DHHS - Office of Rural Health
October, 2020

Total All Time Nebraska Loan Repayment Program and Nebraska Student Loan Program Providers by Profession and County (688 Total)



- 471 Physician, Advanced Practice Registered Nurse, Physician Assistant
- 57 Psychiatrist, Psychologist, Licensed Mental Health Practitioner
- 55 Dentist
- 109 Occupational Therapy, Physical Therapy, Pharmacy

Numbers in circles on map refer to the count per county, whereas the numbers in the legend refer to the total count of the profession



Cartography: Anna Headlee | Community and Regional Planning Student | DHHS Intern
For: Rachael Wolfe | Health Program Manager
Rachael.Wolfe@nebraska.gov

Source: Health Professions Tracking Service
Nebraska DHHS - Office of Rural Health
October, 2020

TABLE A

Nebraska Rural Student Loan Program								
Number of Student Loans by Type & Outcome By Fiscal Year								
Fiscal Year	Total Amount Awarded	Student Loan Awards			In Training As of 11/2021	In Practice As of 11/2021	Outcomes As of 2021	
		New	Continuation	Total			Contract Buyout	Buyout Rate
2012-13	\$215,000	8	6	14			1	7.1%
2013-14	\$230,000	11	4	15			1	6.7%
2014-15	\$240,000	7	7	14			4	28.6%
2015-16	\$220,000	5	6	11			3	27.3%
2016-17	\$260,000	8	9	17			1	5.8%
2017-18	\$130,000	0	8	8			NA	NA
2018-19	\$40,000	0	2	2			NA	NA
2019-20	\$0	0	0	0			NA	NA
2020-21	\$0	0	0	0			NA	NA
2021-22	\$0	0	0	0	7	5	NA	NA
							5-Year Average Buyout Rate	15.1%

Footnotes:

1. Student loan recipients may receive up to four annual loans. This means a recipient will be counted as "New" the first year and then as "Continuation" in subsequent years. Summing the "Total" student loan awards over several years will result in duplication of individuals receiving awards.
2. "In Training" means in school, residency, or provisionally licensed.
3. "Buyout Rate" is the number of recipients who buyout their contracts without ever practicing a primary care specialty in a shortage area divided by total student awards for each year. Buyout rates are not applicable for 2017-2021 since most recipients are still in training.
4. In 2017, the Rural Health Advisory Commission did not award any new student loans due to the number of loan repayment applications on the waiting list. This practice continued to present.

Historical Notes:

- * In 2000, dental students became eligible to apply for the Nebraska Student Loan Program. The maximum student loan award amount was increased to \$20,000
- * In 2004, graduate-level mental health students became eligible for the Nebraska Student Loan Program.
- * In 2009, the Rural Health Advisory Commission began awarding student loans at the maximum amounts: \$20,000 for doctorate level students and \$10,000 for full-time master's level students.

TABLE B

**Nebraska Loan Repayment Program
Number of Awards by Status
1994-2021**

Status	Awards
In Practice Under Obligation as of 11/2021	98
Completed Practice Obligation	535
Default	49
Other	8
Total	689

Current Obligations - November 2021

	Obligated Funds FY 2024-25	Obligated Funds FY 2023-24	Obligated Funds FY 2022-23	Obligated Funds FY 2021-22
General Fund Allocation	\$2,180,723.00	\$2,180,723.00	\$2,180,723.00	\$2,180,723.00
LR (Cash)	\$0.00	\$0.00	\$0.00	\$0.00
<i>Cash Spending Authority</i>	<i>\$2,406,815.00</i>	<i>\$2,406,815.00</i>	<i>\$2,406,815.00</i>	<i>\$2,406,815.00</i>
<i>Student Loans (Cash)</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>Total Cash</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>
Total Obligated Funds	\$215,073.66	\$1,216,624.25	\$1,496,211.64	\$1,671,038.35
<i>General Fund Remaining</i>	<i>\$1,965,649.34</i>	<i>\$964,098.75</i>	<i>\$684,511.36</i>	<i>\$509,684.65</i>
<i>Amount Cash Spending Auth remaining</i>	<i>\$1,741,741.34</i>	<i>\$740,190.75</i>	<i>\$460,603.36</i>	\$306,606.65

Budget with New Applications - November 2021

<i>Amount added by potential new contracts</i>	<i>\$0.00</i>	<i>\$3,333.33</i>	<i>\$222,001.81</i>	<i>\$106,908.62</i>
TOTAL STATE OBLIGATION with New Applicants	\$215,073.66	\$1,219,957.58	\$1,718,213.44	\$1,777,946.97
<i>General Fund Remaining</i>	<i>\$1,965,649.34</i>	<i>\$960,765.42</i>	<i>\$462,509.56</i>	<i>\$402,776.03</i>
<i>NEW Amount Cash Spending Auth remaining</i>	<i>\$1,741,741.34</i>	<i>\$736,857.42</i>	<i>\$238,601.56</i>	\$199,698.03